

1677

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

512

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No.

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location 421 S. Montezuma St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 0; In Community 3 Years; In Arizona 10 Years
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott
(If outside city limits also write RURAL)
(d) Street No. 421 S. Montezuma St. (e) If foreign born, in U. S. A. yes
3. (a) FULL NAME Byron G. Shell (b) If veteran yes (c) Social Security No. 948
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed Married
6. (b) Name of husband Mrs. Louise Shell 6. (c) Age of husband 45 yrs.
or wife, if alive
7. Birthdate of deceased Dec. 27, 1866.
(Month) (Day) (Year)
8. AGE: Years 74 Months 5 Days 20 If less than one day
hrs. min.
9. Birthplace Denver, Colorado.
(City, town or county) (State or Country)

10. Usual Occupation Mining

11. Industry or Business

12. Name Amos A. Shell
13. Birthplace Ind.
(City, town or county) (State or Country)

14. Maiden Name Isabel Burnet
15. Birthplace Ind.
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. B. S. Shell
(b) Address Prescott, Arizona.

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz. Date Jun. 21, 1941
18. (a) Embalmer's Signature Lester Ruffner
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona.

19. (a) June 23, 1941
(Date received local Registrar)
(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 17, 1941
TIME (Hour and minute) 2:45 A.M.

21. I hereby certify that I attended the deceased from June 17, 1941 to June 17, 1941
that I last saw him alive on June 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

6 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M.D.
Address Prescott, Ariz. Date signed Jun. 21, 1941